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AMBLER, PA 19002
USADATE: February 23, 2006

TO:

Name: Examiner Simon J. Oh, USPTOFax No.: 571-273-8300Art Unit 1618

FROM:

Name: A. Seifert, Gulph Mills, PAFax No.: 215-628-1345

NUMBER OF PAGES 20 INCLUDING THIS COVER PAGE.We are transmitting from facsimile machine 215-628-1345.If you do not receive all the pages indicated above, please call Marlene Capreri at 215-628-1016
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Re: Serial No. 10/030,933 filed May 13, 2002
Attorney's Docket: H 4289 PCT/US

- Reply Under Rule 111 with Amendment Under Rule 115 (17 pages)
- Request for Extension of Time (1 page)
- Fee Transmittal (1 page)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known	
		Application Number	10/030.933
		Filing Date	May 13, 2002
		First Named Inventor	Hellemann, Andrea
		Examiner Name	Simon J. Oh
		Art Unit	1618
		Attorney Docket No.	H 4289 PCT/US
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT		(\$) 700.00	

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-1177 Order Number: 06-0074 Deposit Account Name: _____

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility - Natl. Stage	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
37	- 20 or HP(23) = 14	x 50	= 700			
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
3	- 3 or HP = 0	x 0	= 0			
HP = highest number of total claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
0	- 100 = 0	/ 50 = 0 (round up to a whole number) x	250	0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity)

Other: _____

SUBMITTED BY			
Signature	<i>Arthur G. Selfert</i>	Registration No.	28,040
		(Attorney/Agent)	
Name (Print/Type)	Arthur G. Selfert	Telephone	215-628-1129
		Date	February 23, 2006

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.